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04-02-01

PTO/SB/05 (4/98)

Approved for use through 09/30/2000. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new non-provisional applications under 37 C.F.R. § 1.53(B))

Attorney Docket No. M61.12-0329

First Inventor or Application Identifier Gina Danielle Venolia

Title METHOD FOR ENTERING TEXT

Express Mail Label No. EL636052709US

Assistant Commissioner for Patents

Address To: Box Patent Application  
Washington, DC 20231

APPLICATION ELEMENTS  
See MPEP chapter 600 concerning utility patent application contents.

1. ☒ \*Fee Transmittal Form e.g., PTO/SB17)  
(Submit an original and a duplicate for fee processing)
2. ☒ Specification [Total Sheets 30]  
(preferred arrangement set forth below)  
- Descriptive title of the invention)  
- Cross References to Related Applications  
- Statement Regarding Fed sponsored R & D  
- Reference to Microfiche Appendix  
- Background of the invention

5. ☐ Microfiche Computer Program (Appendix)
6. ☐ Nucleotide and/or Amino Acid Sequence Submission  
(If applicable, all necessary)
- a. ☐ Computer Readable Copy
- b. ☐ Paper Copy (Identical to computer copy)
- c. ☐ Statement verifying identity of above copies

☒ Drawing(s) (35 U.S.C. § 113) [Total Sheets 9]

Oath or Declaration [Total Sheets 2]

- a. ☒ Newly executed (original or copy)
- b. ☐ Copy from a prior application (37 C.F.R. § 1.53(d))  
(for continuation/divisional with Box 16 completed)

☐ DELETION OF INVENTOR(S)  
Signed statement attached deleting  
inventor(s) named in the prior application,  
see 37 C.F.R. §§1.63(d)(2) and 1.33(b)

\* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY  
FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT  
IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

## ACCOMPANYING APPLICATION PARTS

7. ☒ Assignment Papers (cover sheet & document(s))
8. ☐ 37 C.F.R. § 3.73(b) Statement (when there is an assignee) ☐ Power of Attorney
9. ☐ English Translation Document
10. ☐ Information Disclosure Statement (IDS) (PTO)
11. ☐ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)
13. ☐ \*Small Entity Statement(s) filed in prior application. Status still proper and desired (PTO/SB/09-12)
14. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
15. ☐ Request and Cert. Under 35 USC 122 (Non-Pub)
16. ☐ Other.

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment

☐ Continuation ☐ Divisional ☐ Continuation-in part (CIP)

of prior application No: \_\_\_\_\_

Prior application information.

Examiner \_\_\_\_\_

Group/Art Unit. \_\_\_\_\_

FOR CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 17. CORRESPONDENCE

☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

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Name (Print/type) Steven M. Koehler

Registration No. (Attorney/Agent)

36,188

Signature

Date

3/30/01

| FEE TRANSMITTAL   |               | Complete if Known   |                          |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |     |     |  |     |              |     |                                     |  |     |     |     |      |  |      |      |     |     |   |                           |   |                        |       |     |       |  |                                   |     |     |     |     |  |     |     |     |     |   |   |    |     |     |   |                    |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |
|---|---------------|---|--------------------------|--|----------|-----------------|----------|-----------------|----------|-----|------|------|------|--------|------|------|------|-----|-----|--|-----|--------------|-----|-------------------------------------|--|-----|-----|-----|------|--|------|------|-----|-----|---|---------------------------|---|------------------------|-------|-----|-------|--|-----------------------------------|-----|-----|-----|-----|--|-----|-----|-----|-----|---|---|----|-----|-----|---|--------------------|--|--|-----|-------|-----|-----|---|--|-----|-------|-----|-----|--|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-----|-----|----|-------------------------|--|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|---|--|-----|-----|-----|-----|--|--|-----|----|-----|----|--|----|
|   |               | Application No.   |                          |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |     |     |  |     |              |     |                                     |  |     |     |     |      |  |      |      |     |     |   |                           |   |                        |       |     |       |  |                                   |     |     |     |     |  |     |     |     |     |   |   |    |     |     |   |                    |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |
|   |               | Filing Date   | HEREWITH                 |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |     |     |  |     |              |     |                                     |  |     |     |     |      |  |      |      |     |     |   |                           |   |                        |       |     |       |  |                                   |     |     |     |     |  |     |     |     |     |   |   |    |     |     |   |                    |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |
|   |               | First Named Inventor  | Gina Danielle Venolia    |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |     |     |  |     |              |     |                                     |  |     |     |     |      |  |      |      |     |     |   |                           |   |                        |       |     |       |  |                                   |     |     |     |     |  |     |     |     |     |   |   |    |     |     |   |                    |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |
|   |               | Title   | METHOD FOR ENTERING TEXT |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |     |     |  |     |              |     |                                     |  |     |     |     |      |  |      |      |     |     |   |                           |   |                        |       |     |       |  |                                   |     |     |     |     |  |     |     |     |     |   |   |    |     |     |   |                    |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |
|   |               | Group Art Unit  |                          |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |     |     |  |     |              |     |                                     |  |     |     |     |      |  |      |      |     |     |   |                           |   |                        |       |     |       |  |                                   |     |     |     |     |  |     |     |     |     |   |   |    |     |     |   |                    |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |
|   |               | Examiner Name   |                          |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |     |     |  |     |              |     |                                     |  |     |     |     |      |  |      |      |     |     |   |                           |   |                        |       |     |       |  |                                   |     |     |     |     |  |     |     |     |     |   |   |    |     |     |   |                    |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |
| Total Amount of Payment \$ 786  |               | Atty. Docket Number   | M61.12-0329              |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |     |     |  |     |              |     |                                     |  |     |     |     |      |  |      |      |     |     |   |                           |   |                        |       |     |       |  |                                   |     |     |     |     |  |     |     |     |     |   |   |    |     |     |   |                    |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |
| METHOD OF PAYMENT (Check One)   |               | FEE CALCULATION (Continued)   |                          |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |     |     |  |     |              |     |                                     |  |     |     |     |      |  |      |      |     |     |   |                           |   |                        |       |     |       |  |                                   |     |     |     |     |  |     |     |     |     |   |   |    |     |     |   |                    |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |
| 1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fee required under 37 C.F.R. § 1.16 and 1.17, including any petition fee, and credit any over payments to Deposit Account No. <u>23-1123</u> Westman, Champlin & Kelly, P.A.<br><br>2. <input checked="" type="checkbox"/> Charge Authorization (PTO-2038) Enclosed   |               | <b>3. ADDITIONAL FEES</b><br><br><table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee</th> <th>Fee</th> <th>Fee</th> <th>Fee</th> </tr> <tr> <th>Code</th> <th>(\$)</th> <th>Code</th> <th>(\$)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65</td> <td>Surcharge - Late filing fee or oath</td> <td></td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25</td> <td>Surcharge - Late provisional Filing Fee or cover sheet</td> <td></td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>147</td> <td>2,520</td> <td>147</td> <td>2,520</td> <td>For Filing a Request for Reexamination</td> <td></td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>116</td> <td>390</td> <td>216</td> <td>195</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>117</td> <td>890</td> <td>217</td> <td>445</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>118</td> <td>1,390</td> <td>218</td> <td>695</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>128</td> <td>1,890</td> <td>280</td> <td>945</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>120</td> <td>310</td> <td>220</td> <td>155</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>121</td> <td>270</td> <td>221</td> <td>135</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>148</td> <td>110</td> <td>248</td> <td>55</td> <td>Terminal Disclaimer Fee</td> <td></td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>55</td> <td>Petition to Revive - unavoidable</td> <td></td> </tr> <tr> <td>141</td> <td>1,240</td> <td>241</td> <td>620</td> <td>Petition to Revive - unintentional</td> <td></td> </tr> <tr> <td>142</td> <td>1,270</td> <td>242</td> <td>650</td> <td>Utility/Reissue issue fee (inc. advance copies)</td> <td></td> </tr> <tr> <td>143</td> <td>470</td> <td>243</td> <td>250</td> <td>Design issue fee (inc. advance copies)</td> <td></td> </tr> <tr> <td>122</td> <td>130</td> <td>122</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>123</td> <td>50</td> <td>123</td> <td>50</td> <td>Petitions related to provisional applications</td> <td></td> </tr> <tr> <td>126</td> <td>180</td> <td>126</td> <td>180</td> <td>Submission of Information Disclosure Statement</td> <td></td> </tr> <tr> <td>581</td> <td>40</td> <td>581</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td>40</td> </tr> </tbody> </table> |                          | Large Entity   |          | Small Entity    |          | Fee Description | Fee Paid | Fee | Fee  | Fee  | Fee  | Code   | (\$) | Code | (\$) |     |     | 105  | 130 | 205          | 65  | Surcharge - Late filing fee or oath |  | 127 | 50  | 227 | 25   | Surcharge - Late provisional Filing Fee or cover sheet |      | 139  | 130 | 139 | 130                                       | Non-English specification |   | 147                    | 2,520 | 147 | 2,520 | For Filing a Request for Reexamination |                                   | 115 | 110 | 215 | 55  | Extension for reply within first month |     | 116 | 390 | 216 | 195   | Extension for reply within second month |    | 117 | 890 | 217   | 445                | Extension for reply within third month |  | 118 | 1,390 | 218 | 695 | Extension for reply within fourth month |  | 128 | 1,890 | 280 | 945 | Extension for reply within fifth month |  | 120 | 310 | 220 | 155 | Filing a brief in support of an appeal |  | 121 | 270 | 221 | 135 | Request for oral hearing |  | 148 | 110 | 248 | 55 | Terminal Disclaimer Fee |  | 140 | 110 | 240 | 55 | Petition to Revive - unavoidable |  | 141 | 1,240 | 241 | 620 | Petition to Revive - unintentional |  | 142 | 1,270 | 242 | 650 | Utility/Reissue issue fee (inc. advance copies) |  | 143 | 470 | 243 | 250 | Design issue fee (inc. advance copies) |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Petitions related to provisional applications |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Statement |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | 40 |
| Large Entity  |               | Small Entity  |                          | Fee Description  | Fee Paid |                 |          |                 |          |     |      |      |      |        |      |      |      |     |     |  |     |              |     |                                     |  |     |     |     |      |  |      |      |     |     |   |                           |   |                        |       |     |       |  |                                   |     |     |     |     |  |     |     |     |     |   |   |    |     |     |   |                    |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |
| Fee   | Fee           | Fee   | Fee                      |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |     |     |  |     |              |     |                                     |  |     |     |     |      |  |      |      |     |     |   |                           |   |                        |       |     |       |  |                                   |     |     |     |     |  |     |     |     |     |   |   |    |     |     |   |                    |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |
| Code  | (\$)          | Code  | (\$)                     |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |     |     |  |     |              |     |                                     |  |     |     |     |      |  |      |      |     |     |   |                           |   |                        |       |     |       |  |                                   |     |     |     |     |  |     |     |     |     |   |   |    |     |     |   |                    |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |
| 105   | 130           | 205   | 65                       | Surcharge - Late filing fee or oath  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |     |     |  |     |              |     |                                     |  |     |     |     |      |  |      |      |     |     |   |                           |   |                        |       |     |       |  |                                   |     |     |     |     |  |     |     |     |     |   |   |    |     |     |   |                    |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |
| 127   | 50            | 227   | 25                       | Surcharge - Late provisional Filing Fee or cover sheet                     |          |                 |          |                 |          |     |      |      |      |        |      |      |      |     |     |  |     |              |     |                                     |  |     |     |     |      |  |      |      |     |     |   |                           |   |                        |       |     |       |  |                                   |     |     |     |     |  |     |     |     |     |   |   |    |     |     |   |                    |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |
| 139   | 130           | 139   | 130                      | Non-English specification  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |     |     |  |     |              |     |                                     |  |     |     |     |      |  |      |      |     |     |   |                           |   |                        |       |     |       |  |                                   |     |     |     |     |  |     |     |     |     |   |   |    |     |     |   |                    |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |
| 147   | 2,520         | 147   | 2,520                    | For Filing a Request for Reexamination                                     |          |                 |          |                 |          |     |      |      |      |        |      |      |      |     |     |  |     |              |     |                                     |  |     |     |     |      |  |      |      |     |     |   |                           |   |                        |       |     |       |  |                                   |     |     |     |     |  |     |     |     |     |   |   |    |     |     |   |                    |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |
| 115   | 110           | 215   | 55                       | Extension for reply within first month                                     |          |                 |          |                 |          |     |      |      |      |        |      |      |      |     |     |  |     |              |     |                                     |  |     |     |     |      |  |      |      |     |     |   |                           |   |                        |       |     |       |  |                                   |     |     |     |     |  |     |     |     |     |   |   |    |     |     |   |                    |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |
| 116   | 390           | 216   | 195                      | Extension for reply within second month                                    |          |                 |          |                 |          |     |      |      |      |        |      |      |      |     |     |  |     |              |     |                                     |  |     |     |     |      |  |      |      |     |     |   |                           |   |                        |       |     |       |  |                                   |     |     |     |     |  |     |     |     |     |   |   |    |     |     |   |                    |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |
| 117   | 890           | 217   | 445                      | Extension for reply within third month                                     |          |                 |          |                 |          |     |      |      |      |        |      |      |      |     |     |  |     |              |     |                                     |  |     |     |     |      |  |      |      |     |     |   |                           |   |                        |       |     |       |  |                                   |     |     |     |     |  |     |     |     |     |   |   |    |     |     |   |                    |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |
| 118   | 1,390         | 218   | 695                      | Extension for reply within fourth month                                    |          |                 |          |                 |          |     |      |      |      |        |      |      |      |     |     |  |     |              |     |                                     |  |     |     |     |      |  |      |      |     |     |   |                           |   |                        |       |     |       |  |                                   |     |     |     |     |  |     |     |     |     |   |   |    |     |     |   |                    |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |
| 128   | 1,890         | 280   | 945                      | Extension for reply within fifth month                                     |          |                 |          |                 |          |     |      |      |      |        |      |      |      |     |     |  |     |              |     |                                     |  |     |     |     |      |  |      |      |     |     |   |                           |   |                        |       |     |       |  |                                   |     |     |     |     |  |     |     |     |     |   |   |    |     |     |   |                    |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |
| 120   | 310           | 220   | 155                      | Filing a brief in support of an appeal                                     |          |                 |          |                 |          |     |      |      |      |        |      |      |      |     |     |  |     |              |     |                                     |  |     |     |     |      |  |      |      |     |     |   |                           |   |                        |       |     |       |  |                                   |     |     |     |     |  |     |     |     |     |   |   |    |     |     |   |                    |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |
| 121   | 270           | 221   | 135                      | Request for oral hearing   |          |                 |          |                 |          |     |      |      |      |        |      |      |      |     |     |  |     |              |     |                                     |  |     |     |     |      |  |      |      |     |     |   |                           |   |                        |       |     |       |  |                                   |     |     |     |     |  |     |     |     |     |   |   |    |     |     |   |                    |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |
| 148   | 110           | 248   | 55                       | Terminal Disclaimer Fee  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |     |     |  |     |              |     |                                     |  |     |     |     |      |  |      |      |     |     |   |                           |   |                        |       |     |       |  |                                   |     |     |     |     |  |     |     |     |     |   |   |    |     |     |   |                    |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |
| 140   | 110           | 240   | 55                       | Petition to Revive - unavoidable   |          |                 |          |                 |          |     |      |      |      |        |      |      |      |     |     |  |     |              |     |                                     |  |     |     |     |      |  |      |      |     |     |   |                           |   |                        |       |     |       |  |                                   |     |     |     |     |  |     |     |     |     |   |   |    |     |     |   |                    |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |
| 141   | 1,240         | 241   | 620                      | Petition to Revive - unintentional   |          |                 |          |                 |          |     |      |      |      |        |      |      |      |     |     |  |     |              |     |                                     |  |     |     |     |      |  |      |      |     |     |   |                           |   |                        |       |     |       |  |                                   |     |     |     |     |  |     |     |     |     |   |   |    |     |     |   |                    |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |
| 142   | 1,270         | 242   | 650                      | Utility/Reissue issue fee (inc. advance copies)                            |          |                 |          |                 |          |     |      |      |      |        |      |      |      |     |     |  |     |              |     |                                     |  |     |     |     |      |  |      |      |     |     |   |                           |   |                        |       |     |       |  |                                   |     |     |     |     |  |     |     |     |     |   |   |    |     |     |   |                    |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |
| 143   | 470           | 243   | 250                      | Design issue fee (inc. advance copies)                                     |          |                 |          |                 |          |     |      |      |      |        |      |      |      |     |     |  |     |              |     |                                     |  |     |     |     |      |  |      |      |     |     |   |                           |   |                        |       |     |       |  |                                   |     |     |     |     |  |     |     |     |     |   |   |    |     |     |   |                    |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |
| 122   | 130           | 122   | 130                      | Petitions to the Commissioner  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |     |     |  |     |              |     |                                     |  |     |     |     |      |  |      |      |     |     |   |                           |   |                        |       |     |       |  |                                   |     |     |     |     |  |     |     |     |     |   |   |    |     |     |   |                    |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |
| 123   | 50            | 123   | 50                       | Petitions related to provisional applications                              |          |                 |          |                 |          |     |      |      |      |        |      |      |      |     |     |  |     |              |     |                                     |  |     |     |     |      |  |      |      |     |     |   |                           |   |                        |       |     |       |  |                                   |     |     |     |     |  |     |     |     |     |   |   |    |     |     |   |                    |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |
| 126   | 180           | 126   | 180                      | Submission of Information Disclosure Statement                             |          |                 |          |                 |          |     |      |      |      |        |      |      |      |     |     |  |     |              |     |                                     |  |     |     |     |      |  |      |      |     |     |   |                           |   |                        |       |     |       |  |                                   |     |     |     |     |  |     |     |     |     |   |   |    |     |     |   |                    |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |
| 581   | 40            | 581   | 40                       | Recording each patent assignment per property (times number of properties) | 40       |                 |          |                 |          |     |      |      |      |        |      |      |      |     |     |  |     |              |     |                                     |  |     |     |     |      |  |      |      |     |     |   |                           |   |                        |       |     |       |  |                                   |     |     |     |     |  |     |     |     |     |   |   |    |     |     |   |                    |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |
| FEE CALCULATION   |               | Subtotal (3) \$40   |                          |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |     |     |  |     |              |     |                                     |  |     |     |     |      |  |      |      |     |     |   |                           |   |                        |       |     |       |  |                                   |     |     |     |     |  |     |     |     |     |   |   |    |     |     |   |                    |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |
| <b>1. BASIC FILING FEE</b><br><br><table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> </tr> <tr> <th>Fee</th> <th>Fee</th> <th>Fee</th> <th>Fee</th> </tr> <tr> <th>Code</th> <th>(\$)</th> <th>Code</th> <th>(\$)</th> <th></th> </tr> </thead> <tbody> <tr> <td>101</td> <td>710</td> <td>201</td> <td>355</td> <td><input checked="" type="checkbox"/> Utility Filing Fee</td> </tr> <tr> <td>106</td> <td>320</td> <td>206</td> <td>160</td> <td><input type="checkbox"/> Design Filing Fee</td> </tr> <tr> <td>108</td> <td>710</td> <td>208</td> <td>355</td> <td><input type="checkbox"/> Reissue Filing Fee</td> </tr> <tr> <td>114</td> <td>150</td> <td>214</td> <td>75</td> <td><input type="checkbox"/> Prov. Filing Fee</td> </tr> <tr> <td colspan="5" style="text-align: right;">Subtotal (1) \$ 710</td> </tr> </tbody> </table>  |               | Large Entity  |                          | Small Entity   |          | Fee Description | Fee      | Fee             | Fee      | Fee | Code | (\$) | Code | (\$)   |      | 101  | 710  | 201 | 355 | <input checked="" type="checkbox"/> Utility Filing Fee | 106 | 320          | 206 | 160                                 | <input type="checkbox"/> Design Filing Fee | 108 | 710 | 208 | 355  | <input type="checkbox"/> Reissue Filing Fee            | 114  | 150  | 214 | 75  | <input type="checkbox"/> Prov. Filing Fee | Subtotal (1) \$ 710       |   |                        |       |     |       |  |                                   |     |     |     |     |  |     |     |     |     |   |   |    |     |     |   |                    |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |
| Large Entity  |               | Small Entity  |                          | Fee Description  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |     |     |  |     |              |     |                                     |  |     |     |     |      |  |      |      |     |     |   |                           |   |                        |       |     |       |  |                                   |     |     |     |     |  |     |     |     |     |   |   |    |     |     |   |                    |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |
| Fee   | Fee           | Fee   | Fee                      |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |     |     |  |     |              |     |                                     |  |     |     |     |      |  |      |      |     |     |   |                           |   |                        |       |     |       |  |                                   |     |     |     |     |  |     |     |     |     |   |   |    |     |     |   |                    |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |
| Code  | (\$)          | Code  | (\$)                     |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |     |     |  |     |              |     |                                     |  |     |     |     |      |  |      |      |     |     |   |                           |   |                        |       |     |       |  |                                   |     |     |     |     |  |     |     |     |     |   |   |    |     |     |   |                    |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |
| 101   | 710           | 201   | 355                      | <input checked="" type="checkbox"/> Utility Filing Fee                     |          |                 |          |                 |          |     |      |      |      |        |      |      |      |     |     |  |     |              |     |                                     |  |     |     |     |      |  |      |      |     |     |   |                           |   |                        |       |     |       |  |                                   |     |     |     |     |  |     |     |     |     |   |   |    |     |     |   |                    |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |
| 106   | 320           | 206   | 160                      | <input type="checkbox"/> Design Filing Fee                                 |          |                 |          |                 |          |     |      |      |      |        |      |      |      |     |     |  |     |              |     |                                     |  |     |     |     |      |  |      |      |     |     |   |                           |   |                        |       |     |       |  |                                   |     |     |     |     |  |     |     |     |     |   |   |    |     |     |   |                    |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |
| 108   | 710           | 208   | 355                      | <input type="checkbox"/> Reissue Filing Fee                                |          |                 |          |                 |          |     |      |      |      |        |      |      |      |     |     |  |     |              |     |                                     |  |     |     |     |      |  |      |      |     |     |   |                           |   |                        |       |     |       |  |                                   |     |     |     |     |  |     |     |     |     |   |   |    |     |     |   |                    |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |
| 114   | 150           | 214   | 75                       | <input type="checkbox"/> Prov. Filing Fee                                  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |     |     |  |     |              |     |                                     |  |     |     |     |      |  |      |      |     |     |   |                           |   |                        |       |     |       |  |                                   |     |     |     |     |  |     |     |     |     |   |   |    |     |     |   |                    |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |
| Subtotal (1) \$ 710   |               |   |                          |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |     |     |  |     |              |     |                                     |  |     |     |     |      |  |      |      |     |     |   |                           |   |                        |       |     |       |  |                                   |     |     |     |     |  |     |     |     |     |   |   |    |     |     |   |                    |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |
| <b>2. EXTRA CLAIM FEES</b><br><br><table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Number Claims</th> <th>Prior**</th> <th>Extra</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total</td> <td>22</td> <td>20</td> <td>2</td> <td>18</td> <td>36</td> </tr> <tr> <td>Indep.</td> <td>3</td> <td>3</td> <td>0</td> <td>80</td> <td>0</td> </tr> </tbody> </table> <p>Multiple Dependent Claims</p> <p>** Insert 3 and 20, or number previously paid if greater, Reissue see below.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Description</th> </tr> <tr> <th>Fee</th> <th>Fee</th> <th>Fee</th> <th>Fee</th> </tr> <tr> <th>Code</th> <th>(\$)</th> <th>Code</th> <th>(\$)</th> <th></th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>102</td> <td>80</td> <td>202</td> <td>40</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>104</td> <td>270</td> <td>204</td> <td>135</td> <td>Multiple Dependent Claims</td> </tr> <tr> <td>109</td> <td>80</td> <td>209</td> <td>40</td> <td>Reissue Independent Claims over Original Patent</td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>Reissue claims in excess of 20 and over original patent</td> </tr> </tbody> </table> |               |   | Number Claims            | Prior**  | Extra    | Fee from Below  | Fee Paid | Total           | 22       | 20  | 2    | 18   | 36   | Indep. | 3    | 3    | 0    | 80  | 0   | Large Entity   |     | Small Entity |     | Description                         | Fee  | Fee | Fee | Fee | Code | (\$)   | Code | (\$) |     | 103 | 18  | 203                       | 9 | Claims in excess of 20 | 102   | 80  | 202   | 40                                     | Independent claims in excess of 3 | 104 | 270 | 204 | 135 | Multiple Dependent Claims              | 109 | 80  | 209 | 40  | Reissue Independent Claims over Original Patent | 110                                     | 18 | 210 | 9   | Reissue claims in excess of 20 and over original patent | Subtotal (2) \$ 36 |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |
|   | Number Claims | Prior**   | Extra                    | Fee from Below   | Fee Paid |                 |          |                 |          |     |      |      |      |        |      |      |      |     |     |  |     |              |     |                                     |  |     |     |     |      |  |      |      |     |     |   |                           |   |                        |       |     |       |  |                                   |     |     |     |     |  |     |     |     |     |   |   |    |     |     |   |                    |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |
| Total   | 22            | 20  | 2                        | 18   | 36       |                 |          |                 |          |     |      |      |      |        |      |      |      |     |     |  |     |              |     |                                     |  |     |     |     |      |  |      |      |     |     |   |                           |   |                        |       |     |       |  |                                   |     |     |     |     |  |     |     |     |     |   |   |    |     |     |   |                    |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |
| Indep.  | 3             | 3   | 0                        | 80   | 0        |                 |          |                 |          |     |      |      |      |        |      |      |      |     |     |  |     |              |     |                                     |  |     |     |     |      |  |      |      |     |     |   |                           |   |                        |       |     |       |  |                                   |     |     |     |     |  |     |     |     |     |   |   |    |     |     |   |                    |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |
| Large Entity  |               | Small Entity  |                          | Description  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |     |     |  |     |              |     |                                     |  |     |     |     |      |  |      |      |     |     |   |                           |   |                        |       |     |       |  |                                   |     |     |     |     |  |     |     |     |     |   |   |    |     |     |   |                    |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |
| Fee   | Fee           | Fee   | Fee                      |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |     |     |  |     |              |     |                                     |  |     |     |     |      |  |      |      |     |     |   |                           |   |                        |       |     |       |  |                                   |     |     |     |     |  |     |     |     |     |   |   |    |     |     |   |                    |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |
| Code  | (\$)          | Code  | (\$)                     |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |     |     |  |     |              |     |                                     |  |     |     |     |      |  |      |      |     |     |   |                           |   |                        |       |     |       |  |                                   |     |     |     |     |  |     |     |     |     |   |   |    |     |     |   |                    |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |
| 103   | 18            | 203   | 9                        | Claims in excess of 20   |          |                 |          |                 |          |     |      |      |      |        |      |      |      |     |     |  |     |              |     |                                     |  |     |     |     |      |  |      |      |     |     |   |                           |   |                        |       |     |       |  |                                   |     |     |     |     |  |     |     |     |     |   |   |    |     |     |   |                    |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |
| 102   | 80            | 202   | 40                       | Independent claims in excess of 3  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |     |     |  |     |              |     |                                     |  |     |     |     |      |  |      |      |     |     |   |                           |   |                        |       |     |       |  |                                   |     |     |     |     |  |     |     |     |     |   |   |    |     |     |   |                    |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |
| 104   | 270           | 204   | 135                      | Multiple Dependent Claims  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |     |     |  |     |              |     |                                     |  |     |     |     |      |  |      |      |     |     |   |                           |   |                        |       |     |       |  |                                   |     |     |     |     |  |     |     |     |     |   |   |    |     |     |   |                    |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |
| 109   | 80            | 209   | 40                       | Reissue Independent Claims over Original Patent                            |          |                 |          |                 |          |     |      |      |      |        |      |      |      |     |     |  |     |              |     |                                     |  |     |     |     |      |  |      |      |     |     |   |                           |   |                        |       |     |       |  |                                   |     |     |     |     |  |     |     |     |     |   |   |    |     |     |   |                    |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |
| 110   | 18            | 210   | 9                        | Reissue claims in excess of 20 and over original patent                    |          |                 |          |                 |          |     |      |      |      |        |      |      |      |     |     |  |     |              |     |                                     |  |     |     |     |      |  |      |      |     |     |   |                           |   |                        |       |     |       |  |                                   |     |     |     |     |  |     |     |     |     |   |   |    |     |     |   |                    |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |    |

Signature Steven M. Koehler  
(Steven M. Koehler)

Date 3/30/01

Reg. No. 36,188

Deposit Account No. 23-1123